STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

July 28, 1989
Letter No.: 89-58

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: FY 1989/90 PROPOSED MAINTENANCE NEED AND INCOME IN KIND LEVELS

This letter provides you with the FY 1989/90 maintenance need and income in kind levels for the Medi-Cal program.

The Governor's 1989/90 budget contains a 4.61% cost of living adjustment (COLA) for the Aid to Families with Dependent Children (AFDC) cash assistance program. Current state statute requires the Medi-Cal maintenance need levels to be computed based on the AFDC cash payment level.

Enclosed are the new FY 1989/90 maintenance need and income in kind levels which are effective July 1, 1989. This information was previously communicated to you in EMC2 No. 89071 sent June 30, 1989 and EMC2 89076 sent July 7, 1989. Please ensure that beneficiaries are provided with the options specified in Title 22, California Code of Regulations, Section 50653.3 for share of cost adjustments. In September 1989, staff from the Corrective Action Unit will begin monitoring counties for compliance.

It has come to our attention that some counties are calculating the maintenance need and income in kind levels independent of information provided by the State Department of Health Services (DHS). Counties are reminded that their staff are to use the levels transmitted by the DHS.

If you have any questions, please contact Maggie Roggero at (916) 324-4966.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: July 28, 1990

MAINTENANCE NEED LEVELS EFFECTIVE JULY 1, 1989 *

Number of Persons in MFBU	Maintenance Need
1 Person in all situations	$ 600
2 Persons	$ 750
2 Adults	$ 934
3 Persons	$ 934
4 Persons	$1,100
5 Persons	$1,259
6 Persons	$1,417
7 Persons	$1,550
8 Persons	$1,692
9 Persons	$1,825
10 Persons	$1,959

For each additional person add $14

The maintenance need level for Medi-Cal only beneficiaries in long-term care remains at $35.

The home upkeep allowance specified in Title 22 CCR, Section 50605(c)(1) will be $ 209

The home upkeep allowance specified in Title 22 CCR, Section 50605(c)(2) and (3) will be $ 138

* Based on 4.61% COLA in the AFDC Maximum Aid Payment (MAP)

INCOME IN KIND LEVELS EFFECTIVE JULY 1, 1989

	Housing	Utilities
1 Person	$ 153	$ 33
2 Persons	$ 206	$ 38
3 Persons	$ 225	$ 40
4 or more persons	$ 236	$ 41

	Food	Clothing
1 Person	$ 86	$ 27
2 Persons	$ 182	$ 49
3 Persons	$ 232	$ 75
4 Persons	$ 286	$ 100
5 Persons	$ 346	$ 126
6 Persons	$ 401	$ 149
7 Persons	$ 447	$ 178
8 Persons	$ 490	$ 199
9 Persons	$ 537	$ 227
10 or more persons	$ 582	$ 249